



Docket No.  
(MM) 54 192

## Declaration and Power of Attorney For Patent Application

### English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled  
**Surgical Instrument**

the specification of which

(check one)

☐ is attached hereto.

☒ was filed on December 9, 2001 as United States Application No. or PCT International Application Number 10/016,372 and was amended on \_\_\_\_\_

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)

Priority Not Claimed

<u>100 61 512.0</u>	<u>Germany</u>	<u>08/12/2000</u>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	
<u>                    </u>	<u>                    </u>	<u>                    </u>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(list name and registration number)*

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Full name of second inventor, if any	
Second inventor's signature	Date
Residence	
Citizenship	
Post Office Address	